

Application or Docket Number

25790-07

## Effective October 1, 2000

| CLAIMS AS FILED - PART<br>(Column 1)  |  |   |              |  |                       | ımn 2)           | SMALL ENTITY TYPE |       |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|---|--|---|--------------|--|-----------------------|------------------|-------------------|-------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 20           |  |                       | 1                | RAT               | Έ     | FEE                    | 1                             | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED |  | NUMBER EXTRA          |                  | BASIC             | FEE   | 355.00                 | OR                            | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   |              |  | *                     |                  | X\$ 9             | 9=    |                        | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =  |  | •                     |                  | X40               | )=    |                        | OR                            | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |              | -                                      |                       |                  | +13               |       |                        |                               | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column  |  |   |              |  |                       |                  |                   |       | 1                      | OR                            |                     |                        |
| CLAIMS AS AMENDED - PART II   |  |   |              |  |                       |                  | тот               | AL.   | 455                    | OR                            | TOTAL OTHER         | THAN                   |
| (Column 1) (Column 2) (Column 3)  |  |   |              |  |                       |                  | SMA               | LL    | ENTITY                 | OR                            | SMALL               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | . (          | HIGH<br>NUM<br>PREVIO<br>PAID          | BER<br>OUSLÝ          | PRESENT<br>EXTRA | RAT               | E     | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW   | Total  | •   | Minus        |  |                       | =                | X\$ 9             | 9=    |                        | OR                            | X\$18=              |                        |
| WE  | Independent                                    | •   | Minus        | ***                                    |                       | =                | X40               | )=    |                        | OR                            | X80=                | ,                      |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |  |                       |                  |                   | 5=    |                        | OR                            | +270=               |                        |
|   |  |   |              |  |                       |                  |                   | TAL   | <u> </u>               |                               | TOTAL               |                        |
|   |  |   |              |  |                       |                  |                   | FEE   | L                      | OR                            | ADDIT. FEE          | L                      |
| _   | (Column 1) (Column 2) (Column 3)               |   |              |  |                       |                  |                   |       |                        |                               |                     |                        |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT             |              | NUM<br>PREVI                           | BER<br>OUSLY          | PRESENT<br>EXTRA | RAT               | Έ     | addi-<br>Tional<br>Fee |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW   | Total  | *   | Minus        | **                                     |                       | =                | X\$ 9             | 9=    |                        | OR                            | X\$18=              |                        |
| N N   | Independent                                    | •   | Minus        | ***                                    |                       | -                | X40               | =     |                        | OR                            | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |  |                       |                  | +135              | 5=    |                        | OR                            | +270=               |                        |
|   |  |   |              |  |                       |                  |                   | TAL   | 7                      | OR                            | TOTAL               |                        |
| l   |  | ADDIT.                                      | FEE          |  |                       | ADDIT. FEE       |                   |       |                        |                               |                     |                        |
| AMENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | (Colui<br>HIGH<br>NUM<br>PREVI<br>PAID | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA | RAT               | Έ     | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON   | Total  |   | Minus        | **                                     |                       | =                | X\$ 9             | )=    |                        | OR                            | X\$18=              |                        |
| WE  | Independent                                    | *   | Minus        | •••                                    |                       | =                | X40               |       |                        | OR                            | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |  |                       |                  |                   |       |                        |                               |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                           |  |   |              |  |                       |                  |                   |       |                        | OR                            | +270=               |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE |  |   |              |  |                       |                  |                   |       |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|   |  | ber Previously Pa                           |              |  |                       |                  | found in th       | ne ap | propriate bo           | x in co                       | lumn 1.             |                        |